

Mar-15-06 10:43am From-

T-295 P.003/007 F-083

Office of Detention and Removal Operations  
 U.S. Department of Homeland Security  
 811 I Street, NW  
 Washington, DC 20536



# U.S. Immigration and Customs Enforcement

Manuel BETANCOURT-Vera  
 Plymouth County HOC  
 BOP # 05844-000  
 C/O ICE  
 Boston, MA

A22 790 964

I ACKNOWLEDGE RECEIPT OF  
 THIS NOTICE *Manuel Betancourt-Vera*

Release Notification

(DATE)

MAR 15 2005

Upon review of your case, U.S. Immigration and Customs Enforcement (ICE) has concluded that you may be released from ICE custody pending your removal from the United States. This release does not affect your removal order and does not constitute an admission to the United States.

Your release will be subject to certain written conditions that will be provided to you shortly on the Order of Supervision and Addendum to the Order of Supervision forms, and by which you must abide. A violation of one of more of these conditions, or of any local, state or federal law may result in your being taken back into custody and any bond that you may have posted being forfeited. Your release from custody is also conditioned upon your maintaining proper behavior while sponsorship and placement efforts for you are being undertaken.

Prior to your release from custody, an immigration officer may verify the sponsorship or employment offers presented during your review. Please forward any additional information regarding potential sponsoring family members or non-governmental organizations that may be willing to assist you upon release.

It is particularly important that you keep ICE advised of your address at all times. ICE will continue to make efforts to obtain your travel document that will allow the United States government to carry out your removal pursuant to your order of deportation, exclusion, or removal. In addition, you are required by law to continue to make good faith efforts to secure a travel document on your own and provide proof of your efforts to ICE. Once a travel document is obtained, you will be required to surrender to ICE for removal. You will, at that time, be given an opportunity to prepare for an orderly departure.

*Josh Tork*  
 Signature of HOPDU Director/Designated Representative

MAR 14 2005

Date

Decision of Post Order Custody Review - Release  
A22 790 964, Manuel BETANCOURT-Vera

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**PROOF OF SERVICE**

(1) Personal Service (Officer to complete both (a) and (b) below.)

(a) I TORRES, Hector M. ICA  
Name of ICE Officer Title  
certify that I served VEGA Betancourt, Manuel A22790964 with a copy of  
Name of detainee  
this document at South Bay on 3/15/05 at 1320 p.m.  
Institution Date Time

(b) I certify that I served the custodian \_\_\_\_\_  
Name of Official  
\_\_\_\_\_ at \_\_\_\_\_, on  
Title Institution  
\_\_\_\_\_ with a copy of this document.  
Date

**OR**

(2) Service by certified mail, return receipt. (Attach copy of receipt)

I \_\_\_\_\_, \_\_\_\_\_, certify  
Name of ICE Officer Title  
that I served \_\_\_\_\_ and the custodian \_\_\_\_\_  
Name of detainee Name of Official  
with a copy of this document by certified mail at \_\_\_\_\_ on \_\_\_\_\_  
Institution Date

- ( ) cc: Attorney of Record or Designated Representative  
( ) cc: A-File

U.S. Department of Homeland Security

Immigration & Customs Enforcement

Order of Supervision

Name: BETANCOURT-VERA, Manuel A22790964

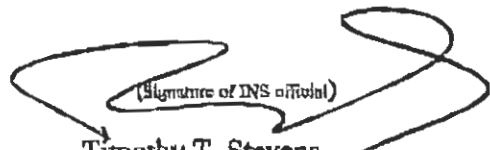
File No:  
DATE: 03-15-2005

On 04-08-03, you were ordered:  
(Date of final order)

Excluded or deported pursuant to proceedings commenced prior to April 1, 1997.  
X Removed pursuant to proceedings commenced on or after April 1, 1997.


Because the Service has not effected your deportation or removal during the period prescribed by law, it is ordered that you be placed under supervision and permitted to be at large under the following conditions:


- x] That you appear in person at the time and place specified, upon each and every request of the Service, for identification and for deportation or removal.
- x] That upon request of the Service, you appear for medical or psychiatric examination at the expense of the United States Government.
- x] That you provide information under oath about your nationality, circumstances, habits, associations, and activities and such other information as the Service considers appropriate.
- x] That you do not travel outside BOSTON, MA for more than 48 hours without first having notified this Service office of the dates and places of such proposed travel.  
(Specify geographic limits, if any)
- x] That you furnish written notice to this Service office of any change of residence or employment within 48 hours of such change.
- ☒ That you report in person on the 1st Business day of Each Month to this Service office at: F.K. Federal BLD RM. 1775, GOV. CT. unless you are granted written permission to report on another date.  
BY 11:00 AM.
- ☐ That you assist the Immigration and Naturalization Service in obtaining any necessary travel documents.
- ☐ Other:
- ☐ See attached sheet containing other specified conditions (Continue on separate sheet if required)

  
Timothy T. Stevens  
(Print name and title of INS official)

Alien's Acknowledgment of Conditions of Release under an Order of Supervision

I hereby acknowledge that I have (read) (had interpreted and explained to me in the language) the contents of this order, a copy of which has been given to me. I understand that failure to comply with the terms of this order may subject me to arrest, detention, or prosecution.

  
(Signature of INS official serving order)

  
(Signature of alien)

MAR 15 2005  
Date

S. Department of Homeland Security  
Immigration & Customs Enforcement

**Order of Supervision-Addendum**

File No: \_\_\_\_\_

Date: 03-15-05

Name: BETANCOURT-VERA, Manuel A22790964

☐ That you do not associate with known gang members, criminal associates, or be associated with any such activity.

☐ That you register in a substance abuse program within 14 days and provide the INS with written proof of such within 30 days. The proof must include the name, address, duration, and objectives of the program as well as the name of a program counselor.

☐ That you register in a sexual deviancy counseling program within 14 days and provide the INS with written proof of such within 30 days. You must provide the INS with the name of the program, the address of the program, duration and objectives of the program as well as the name of a counselor.

☒ That you register as a sex offender, if applicable, within 7 days of being released, with the appropriate agency(s) and provide the INS with written proof of such within 10 days.

☒ That you do not commit any crimes while on this Order of Supervision.

☒ That you report to any parole or probation officer as required within 5 business days and provide the INS with written verification of the officers name, address, telephone number, and reporting requirements.

☒ That you continue to follow any prescribed doctors orders whether medical or psychological including taking prescribed medications.

☒ That you provide the INS with written copies of requests to Embassies or Consulates requesting the issuance of a travel document.

☒ That you provide the INS with written responses from the Embassy or Consulate regarding your request.

☒ Any violation of the above conditions will may result in revocation of your employment authorization document.

☒ Any violation of these conditions may result in you being taken into Service custody and you being criminally prosecuted.

☒ Other.

I ACKNOWLEDGE RECEIPT OF  
THIS NOTICE Manuel V. Betancourt  
(DATE) MAR 15 2005



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**U.S. Department of Homeland Security**  
**Immigration & Customs Enforcement**

Continuation Page for Form:

I-220E

Alien's Name	File Number	Date
BETANCOURT-VERA, Manuel A22790964		03-15-2005

Allen's Signature

### Alien's Address

40 ~~Ber~~ Bernice RAMOS  
20 Theatre Colony Ln.  
South Yarmouth, Ma. 02664  
(508) 398-1165

Allen's Telephone Number (if any)



RIGHT INDEX PRINT



## PERSONAL REPORT RECORD

[illegible]